

MINNEAPOLIS DEPARTMENT OF HEALTH AND FAMILY SUPPORT

TEEN PREGNANCY REPORT

SEPTEMBER 2012

BACKGROUND

Teen pregnancy and birth rates in the U.S. have declined markedly since the 1990s. In Minneapolis, the teen pregnancy rate dropped almost 50 percent between 2001 and 2011, yet remains one and a half times higher than the rate in Minnesota.

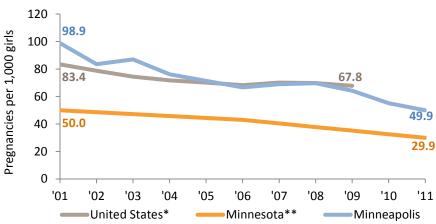
Nationally, teen pregnancy rates also dropped between 2001 and 2011. Experts attribute this decline to delayed sexual U.S. teen pregnancy and teen birth rates remain far higher than other fully industrialized countries and racial and

debut and increased use of highly effective contraception. Despite these declines, the ethnic disparities persist.

The social and economic costs of teen pregnancy and childbearing are often high, and these costs can be both immediate and long-term for teen parents and their children. Teen pregnancy and childbirth contribute significantly to drop-out rates among high school girls. Only about 50 percent of teen mothers receive a high school diploma by age 22, compared with nearly 90 percent of women who did not give birth during adolescence.'

Children of teen mothers may also experience challenges like growing up in less supportive and stimulating home environments, lower cognitive development, worse educational outcomes and higher rates of behavioral problems."

FIGURE 1: PREGNANCY RATES FOR GIRLS AGES 15-19, 2001-2011



^{*}US teen pregnancy rate unavailable for 2009 and 2010

Furthermore, children born to adolescents have higher rates of adolescent childbearing themselves when compared to children born to older mothers. Teen childbearing is also expensive. In 2008 it was estimated that teen childbearing in Minnesota cost taxpayers at least \$173 million in that year alone. Costs included:

- \$47 million spent on public health care
- \$58 million spent on child welfare
- \$21 million spent on increased rates of incarceration
- \$37 million in lost tax revenue.iii

TEEN PREGNANCY PREVENTION GOALS

GOAL 1: All students are exposed to comprehensive sex education before the end of 8th grade.

GOAL 2: Teens have access to confidential, teen-friendly reproductive health care.

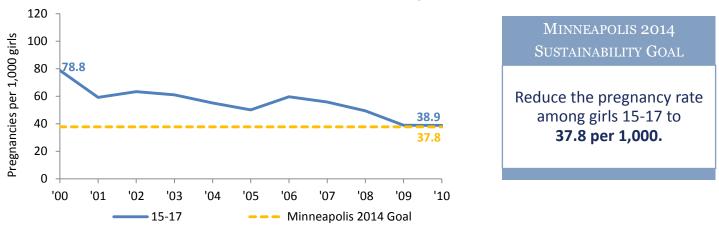
GOAL 3: Teens have access to contraceptives.

GOAL 4: Develop and promote culturally specific, evidence-based interventions and programs.

^{**}Minnesota teen pregnancy rates use linear estimation calculated with 2000, 2005, and 2010 data points: 2010 MN data from TeenWise

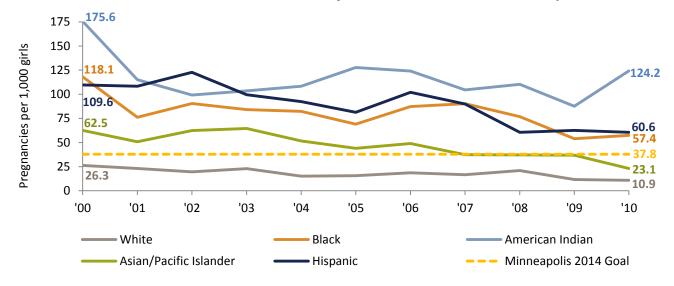
MINNEAPOLIS TEEN PREGNANCY RATES: 15-17 YEAR OLD GIRLS

FIGURE 2: MINNEAPOLIS PREGNANCY RATE FOR GIRLS AGES 15-17, 2000-2010



Pregnancy rates for 15-17 year old girls in Minneapolis have dropped more than 50 percent from 2000 to 2010. The Minneapolis 2014 Sustainability Goal calls for the pregnancy rate among this age group to drop to 37.8 pregnancies per 1,000 girls, a rate only 3 percent lower than the current level.

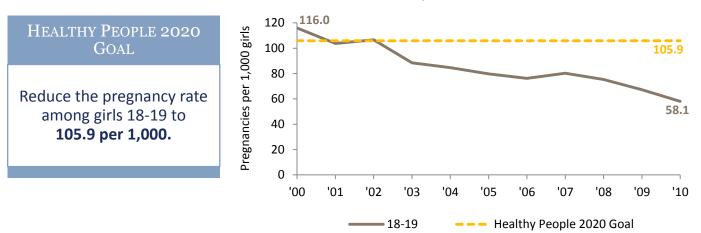
FIGURE 3: MINNEAPOLIS PREGNANCY RATES BY RACE/ETHNICITY FOR GIRLS AGES 15-17, 2000-2010



Since 2000, pregnancy rates among 15-17 year old girls in Minneapolis have greatly decreased for all racial and ethnic groups. However, marked disparities in teen pregnancy rates persist. American Indian teens have a pregnancy rate almost 12 times higher than white teens and more than 2 times higher than Hispanic and black teens. Despite these disparities, the pregnancy rate for American Indians has decreased substantially, falling 30 percent from 2000-2010. During this time the pregnancy rate among Asian/Pacific Islanders decreased 63 percent, whites decreased 59 percent, blacks decreased 51 percent, and Hispanics 45 percent. Although these declines indicate a positive trend, black and Hispanic teens continue to have pregnancy rates more than 5 times higher than whites and disparities between both black and Hispanic adolescents and whites have increased.

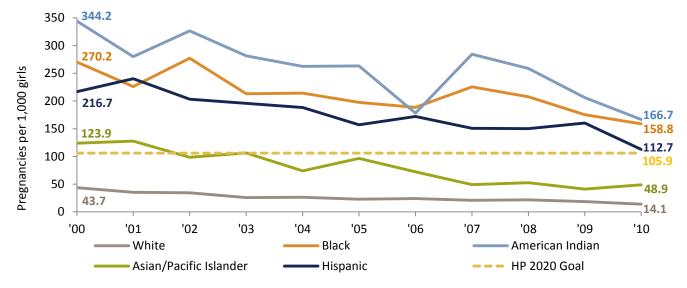
MINNEAPOLIS TEEN PREGNANCY RATES: 18-19 YEAR OLD GIRLS

FIGURE 4: MINNEAPOLIS PREGNANCY RATE FOR GIRLS AGES 18-19, 2000-2010



The pregnancy rate for 18-19 year old girls in Minneapolis has declined dramatically since 2000. Between 2000 and 2010, the teen pregnancy rate decreased 50 percent (from 116 to 58.1 pregnancies per 1,000 girls). In 2010, Minneapolis had a teen pregnancy rate almost 50 percent lower than the national Healthy People 2020 Goal. **

FIGURE 5: MINNEAPOLIS PREGNANCY RATES BY RACE/ETHNICITY FOR GIRLS AGES 18-19, 2000-2010



Similar to younger teens in Minneapolis, pregnancy rates for 18-19 year old girls have declined from 2000 to 2010. The pregnancy rate for American Indians remains the highest but has dropped over 51 percent over this ten year period. The pregnancy rate for whites decreased 68 percent, Asian/Pacific Islanders decreased 61 percent, Hispanics decreased 48 percent, and blacks decreased 41 percent. Despite declining teen pregnancy rates for black, Hispanic, and white teens ages 18-19, disparities between the groups have grown. In 2010, the Hispanic teen pregnancy rate was 8 times higher than the rate for whites (up from 5 times higher in 2000), and the rate for blacks was more than 11 times higher than the rate for whites (up from 6 times higher in 2000).

EVIDENCE, CURRENT PRACTICES AND FUTURE GOALS

GOAL 1: ALL STUDENTS ARE EXPOSED TO COMPREHENSIVE SEX EDUCATION BEFORE THE END OF 8TH GRADE.

EVIDENCE

- Research confirms that comprehensive sexuality education programs can delay the onset of sex, reduce the frequency of sex, reduce the number of sexual partners, and increase the use of condoms and other forms of contraception.
- Even abstinent teens say that information on pregnancy and birth control is important in preventing teen pregnancy.^{vi}
- In 2008, a study found that adolescents who received comprehensive sex education had a lower risk of pregnancy than adolescents who received abstinence-only or no sex education. The same study found that teaching about contraception was not associated with increased risk of adolescent sexual activity.

CITY OF MINNEAPOLIS PROGRAMS AND PROGRESS

- All of Minneapolis's public middle schools have implemented Making Proud Choices!, an evidence based HIV/STD and pregnancy prevention curriculum. About 2,814 students participated in the program during the 2010-2011 school year.
- The City is currently working to expand this program to students in Minneapolis Charter Schools.

GOAL 2: TEENS HAVE ACCESS TO CONFIDENTIAL, TEEN-FRIENDLY REPRODUCTIVE HEALTH CARE.

EVIDENCE

- While 60 percent of adolescents seeking reproductive health services at family planning clinics do so with parental knowledge, 1 in 5 teens would use no contraception or the withdrawal method only if parental notification was mandated for prescription contraceptives.
- 35% of students who do not seek care reported "not wanting to tell their parents" as one reason for not seeking services.
- Young people who visit clinics that provide information about abstinence and contraception consistently increased their contraception use.
- When access to confidential low-cost family planning services is expanded, the number of teens obtaining contraception from these publicly funded clinics increases.

CITY OF MINNEAPOLIS PROGRAMS AND PROGRESS

- The City of Minneapolis supports seven school based clinics that provide confidential health care and reproductive health services to students.
- In partnership with Hennepin County, the City of Minneapolis supports the Safer Sex Initiative (SSI), a clinic-based intervention that pairs sexually active young women with a health educator for one-on-one counseling. SSI is designed to build the knowledge, values, intentions, and skills young women need to avoid risky sexual behavior. The program includes discussion of safe sex practices, STIs, risk perception, pregnancy consequences, abstinence, condom use and the components of healthy relationships. A previous evaluation of SSI has found improved condom use and decreased number of partners among program participants.

GOAL 3: TEENS HAVE ACCESS TO CONTRACEPTIVES.

EVIDENCE

- In schools where condoms are available, sexually active adolescents are more likely to report using condoms in their most recent sexual encounter.^x
- Teens believe improved access to contraceptives will prevent teen pregnancy.xi

CITY OF MINNEAPOLIS PROGRAMS AND PROGRESS

 Students have access to seven school based clinics that provide a variety of reproductive health services. The school based clinics can provide contraceptive counseling and prescriptions or medical referrals for condoms, birth control pills, Depo-Provera injections, and Orthoevra patches.

GOAL 4: DEVELOP AND PROMOTE CULTURALLY SPECIFIC, EVIDENCE-BASED INTERVENTIONS AND PROGRAMS.

EVIDENCE

- Pregnancy prevention activities must be relevant to young people by reflecting an understanding of and sensitivity to the racial and ethnic backgrounds of participants.
- Pregnancy prevention programs must be tailored to address the specific needs of different communities. Culture needs to be viewed as a source of strength and positive cultural values should be reinforced and used as motivators.
- Efforts to include the target group in program planning and implementation ensures programs are tailored to the community and cultural norms of participants.xiv
- Prevention programs should be based on the age, culture, and level of risk of the target population.xv

[To prevent teen pregnancy and encourage young people to make healthy choices about their sexual and reproductive health, teen pregnancy prevention must be a top priority.]

CITY OF MINNEAPOLIS PROGRAMS AND PROGRESS

- The Making Proud Choices! curriculum used in Minneapolis Public Schools places strong emphasis on community and family. This curriculum was developed with and specifically targets the needs of African-American adolescents, but is appropriate for other groups as well.
- In partnership with the Division of Indian Work, the City is developing a pregnancy prevention program targeting the parents of adolescents.
 The Division of Indian Work also operates the Live It! Program, a culturally-specific teen pregnancy prevention and healthy sexuality curriculum that teaches American Indian youth the importance of integrating traditional teachings into their lives for healthier living.
- Edison High School has implemented a peer education program that trains high school student to talk to their peers about various topics focused on preventing teen pregnancy and STIs. According to the CDC, peer education programs, in which teens are trained to teach other teens, have proven to be incredibly successful. Teens are effective trainers because they bring energy and enthusiasm to their teaching, speak the language of their peers, and serve as role models to other young people.
- In partnership with the University of Minnesota, South High School launched SMART (Sexually Mature and Responsible Teens), a program that uses peer-to-peer education to spread the message on teen pregnancy prevention.

MOVING FORWARD: FUTURE STRATEGIES AND RECOMMENDATIONS

Teen pregnancy rates for all of Minneapolis's diverse ethnic and racial groups have decreased markedly since 2000 and remain far lower than national levels. Despite this progress, growing racial and ethnic disparities remain a cause for concern. To further decrease the rate of teen pregnancies and reverse the trend in disparities continued pregnancy prevention efforts must focus on the social and environmental context that influences teen pregnancy.

The City of Minneapolis has been a strong leader in promoting initiatives and programs to prevent and reduce teen pregnancy, but the work is not finished. Moving forward the City should consider maintaining its existing programs and expanding its strategies to include the following recommendations:

- Continue to promote delayed sexual debut while ensuring that sexually active teens have ready access to highly effective and affordable contraception.xvi
- Understand the important role the Minnesota Family Planning Program (MFPP) plays in allowing young people to access confidential reproductive health services.
- Create programs that support parental efforts to talk with their children about pregnancy prevention and other aspects of sexual and reproductive health. Programs should target the mothers and fathers of adolescent boys and girls.
- Create youth development programs specifically targeting sexually-active young men.

For more information about this report, please contact the Minneapolis Department of Health and Family Support at (612) 673-2301. This report is available online at: www.ci.minneapolis.mn.us/health/reports.

If you need this material in an alternative format please call Ahmed Muhumud at (612) 673-2162 or email Ahmed.Muhumud@ci.minneapolis.mn.us.

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Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac (612) 673-3500.

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For more information regarding Healthy People 2020 objectives, visit: http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

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^{*}Hacker, K.A., Amare, Y., Strunk, N., Horst, L. (2000). Listening to Youth: Teen Perspectives on Pregnancy Prevention. Journal of Adolescent Health, 26(4), 279-288. ^{xi} Ibid.

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